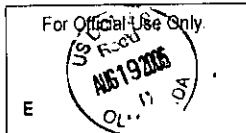


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>10186</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Kirk W Smith  P.O. Box, Bldg., Room No., if any  Street 901 Massachusetts Ave. N.W.  City Washington  State District of Columbia ZIP Code + 4 20001-4397	4. Name, file number, and address of labor organization.  Name United Association of Plumbers & Pipe Fitters  Labor Organization File Number 000-111  P.O. Box, Building and Room Number, if any  Street 901 Massachusetts Ave. N.W.  City Washington  State District of Columbia ZIP Code + 4 20001-4397
5. Position in labor organization. Director of Organization	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.
---	--

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Kirk W Smith

On 8/15/2005  
Date

202 628-5823 #250  
Telephone Number

Name of Person Filing Kirk Smith	File Number U-
----------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name if any).

Name PIPE

Trade Name, if any: Plumbing & Pipe Fitting

P.O. Box, Bldg., Room No., if any

Street 501 Shatto #200

City Los Angeles

State California ZIP Code + 4 90020

9. Business deals with

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

P.I.P.E. is a labor-management cooperation committee formed to improve communications between labor and management, to study and explore new and innovative joint approaches to problems, and to improve health and safety in the plumbing and piping industry.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Christmas gift - Sunglasses

12.b. Amount.

\$190

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name NITC</p> <p>Trade Name, if any: Plumbing &amp; Pipe Fitting</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 501 Shatto PL #201</p> <p>City Los Angeles</p> <p>State California ZIP Code + 4 90020</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The NITC is a third-party personnel certification agency, specializing in Firesprinkler Fitter Mastery Certification, HVAC Mastery Certification, Journeyman Pipefitting/Steamfitting, Journeyman Plumber, Med. Gas Inspector &amp; Installer and others.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Christmas gift - Sunglasses</p> <p>12.b. Amount. \$47</p>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name ITF</p> <p>Trade Name, if any: Plumbing &amp; Pipe Fitting</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 901 Massachusetts Ave N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20001-4397</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The ITF is a Taft-Harley, multi-employer, training fund created for the purpose of providing (1) education, training and other benefits and (2) grants to Local Union apprenticeship funds, education funds or training funds for the purpose of training.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Dinner</p> <p>12.b. Amount. \$50</p>